

The Vac Scene®

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*A bi-monthly newsletter for
immunization providers, from
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issues, visit our website:
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NEW! 2003 CHILDHOOD AND ADOLESCENT IMMUNIZATION SCHEDULE

The 2003 recommended immunization schedule has been released, with notable difference in the name. The importance of immunizations through age 18 is made with the addition of "Adolescent" in the title. A useful new feature included for reference this year is the recommended catch-up schedule for all under age 18 years who fall behind or start their immunizations late.

Health care providers are reminded that the National Childhood Vaccine Injury Act requires all providers to give parents or patients copies of Vaccine Information Statements before administering each dose of the vaccines listed in the schedule.

The 2003 Childhood and Adolescent Immunization Schedule is available online at:
www.cdc.gov/nip/recs/child-schedule.htm#Printable.

NEWS FROM PUBLIC HEALTH'S VACCINES FOR CHILDREN (VFC) PROGRAM

Several mailings to VFC participants have gone out recently. Highlights of the items included are:

- **2003 Outside Provider Agreement for Receipt of State-Supplied Vaccine** The agreements were due back to Public Health on January 31. We cannot fill vaccine orders without a current Agreement on file.
- **VFC Provider Manual Update** The update includes new computer links, resources, materials order forms, and a copy of the new *Plain Talk About Childhood Immunizations*. To order a free packet of 25, e-mail the Washington State Department of Health Distribution Center at: immunematerials@doh.wa.gov or fax: (360) 664-2929.
- **Broadcast Fax #1-2003** (sent February 3). Please continue to follow current ACIP guidelines and defer the 4th dose of Prevnar for healthy children, **even if you are not experiencing an immediate shortage**.
- Using CDC grant funds, Public Health has sent a free 24-hour temperature monitoring device to 150 health care clinics in King County. The selected clinics are the VFC providers giving the largest numbers of childhood vaccine doses. The device helps providers to accurately monitor temperatures to protect our valuable vaccines. Other VFC providers will receive digital thermometers for their refrigerators.

HEPATITIS B VACCINATION—DON'T DELAY Part 2

(This article is the second of two articles on hepatitis B vaccination and discusses the inherent risks of postponing hepatitis B vaccination for otherwise "healthy" infants. The first focused on the importance of timely hepatitis B vaccination for perinatally-exposed infants.)

Many parents and some providers still question the national policy of giving hepatitis B immunization at birth or early in life. To improve rates of hepatitis B vaccination (HBV) in newborns and infants, health care professionals need to understand and support the rational of universal hepatitis B immunization policy.

The basic reasons for the universal birth dose hepatitis B immunization policy are:

- ◆ It prevents perinatal HBV transmission.
- ◆ It provides a safety net for babies born to unscreened mothers. Approximately 19,000 women with chronic hepatitis B infection give birth each year in the U.S., at least 90% of perinatal infections can be prevented by administering HBV within 12 hours of birth.¹
- ◆ It establishes a long-term universal protection program for the population by immunizing all children early in life.

Organizations such as the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists, and the U.S. Public Health Service all endorse the birth dose.

Other reasons for hepatitis B immunization early in life include:

- ◆ It has been documented that administering HBV vaccine "on time" increases the likelihood of **all immunizations being completed on time** (CDC/University of Chicago survey)²
- ◆ It protects the baby from exposure to **household contacts** who may or may not realize they are chronic carriers of hepatitis B. Over one million people in the US are hepatitis B carriers.
- ◆ Risk liability is a consideration. According to two recent surveys conducted by the Immunization Action Coalition, state and local hepatitis coordinators reported more than 500 medical errors regarding perinatal hepatitis B prevention. Liability cases have emerged from some of these cases as many children are now chronically infected with HBV and at least one child has died.³

Please consider sending comments about this very important issue to Kris Barnes, Editor, *The VacScene*, email Kris.Barnes@metrokc.gov.

Hepatitis B Information Resources:

¹ Weaving a safety net to protect newborns from HBV, *Joint Commission Benchmark*, June 2002.

² Wexler, D: Give the birth dose! Providing all infants with hepatitis B vaccine at birth saves lives. [Letter] www.immunize.org/birthdose/letter.htm. Oct 9, 2001.

³ Fasano, N: Infant dies of fulminant hepatitis B, 1999. *Needle Tips*, Spring/Summer 2000. Available at: www.immunize.org/stories/story34.htm

For additional information see: www.immunize.org/birthdose (IAC's "Birth Dose" web page)

VACCINE CHAMPION

We would like to honor **the State of Washington** as the Vaccine Champion for this month. We quote, with permission, from a letter to the *Vaccines for Children* program. Until recently, Dr. Sarah K. Weinberg was with the Pediatric Center of Woodinville. She writes:

"As I leave the care of infants and children, I want to let you know that I am proud of our state for paying for necessary vaccines for all children, not just those eligible under federal rules. This expensive policy has several effects, all good:

- ◆ A much higher percentage of children whose parents want them immunized will actually get their shots.
- ◆ The public gets the message that immunizations are important when the government is willing to pay for them. A large percentage of the population can see their taxes coming back to them in sparing them the cost of immunizations.
- ◆ The administrative savings in small practice such as mine are huge.
- ◆ Neither I nor the families have to worry about whether their insurance 'covers' immunizations, as the cost of administering shots is so small.
- ◆ So...thanks for being there all these years."

And our thanks to Dr. Weinberg, her staff and all King County health care providers who help us make the *Vaccines for Children* Program a success.

Washington is one of only 11 states offering free vaccine to all children (universal coverage). Most of you are familiar with the one month each year when you are asked to participate in the "benchmarking" process. States without universal coverage must do a form of benchmarking every day with every child seen in the practice. WA state funds pay for about 40% of the vaccine that passes through the VFC Program; the remaining 60% come from the Centers for Disease Control. The state funding means vaccines for all children, healthier kids in Washington State, and a lot less paperwork for participating health care providers!

**IMMUNIZATIONS:
A CONTRACT WITH SOCIETY**

"The act (of immunizing children) should be global. We're all part of it. Everybody on the earth is local...everyone is a global citizen". These comments by Dr. William Foege, former director of the Centers for Disease Control, were reported in the February 12th issue of the *Vashon-Maury Island Beachcomber* as he responded to the high rate of immunization exemptions for school children on Vashon Island.

Foege, who makes his home on Vashon Island and in Atlanta, went on to say that immunization programs not only serve to protect each individual child, but are also a part of a social contract that says we're all in this together. For the complete text of this article via website go to: www.vashonbeachcomer.com

**ARTICLE SUGGESTS MERCURY IN
VACCINES NOT HARMFUL**

"Mercury Concentrations and Metabolism in Infants Receiving Vaccines Containing Thimerosal: A Descriptive Study", published in the *Lancet* November 30, 2002, provides additional evidence against a link between thimerosal-containing vaccines and the development of autism.

Forty full-term infants aged six months and younger given vaccines containing thimerosal, when compared to controls given thimerosal-free vaccines, did not have blood concentrations of the form of mercury in thimerosal (ethylmercury) exceeding safe values for infants. The study also found that infants excrete the ethylmercury much faster than expected, suggesting that it does not build up from one vaccination to the next.

To access the article abstract go to:
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12480426&dopt=

NEW IMMUNIZATION RESOURCES

AAP Refusal to Vaccinate Form

Parents and patients should be informed about the risks and benefits of preventive and therapeutic procedures; in the case of vaccination, federal law mandates this discussion. The American Academy of Pediatrics (AAP) recently developed a one-page "Refusal to Vaccinate" form to assist providers in documenting a parent's refusal to accept vaccination for a minor child.

Despite the health care provider's best efforts to explain the importance of vaccinations, some families may refuse one or more vaccinations for their children. The use of this or a similar form may in some instances induce a wavering parent to accept provider recommendations because it emphasizes the importance placed on being appropriately immunized.

To obtain a copy (PDF format) of the form, go to: www.cisimmunize.org/pro/pdf/RefusalToVaccinate.pdf, or call AAP at (888)227-1770.

Comfort Tips For Parents

"*Be there for your child during shots*" gives practical advice for parents before, during and after vaccinations. In addition to the practical tips, there are pictures of parents providing the most important element of close contact and comforting of their child. This parent resource is produced by the Immunization Branch of the California Department of Health Services, distributed by the Immunization Action Coalition and is available in Spanish.

To obtain a copy, go to:
www.dhs.ca.gov/ps/dcdc/izgroup/pdf/comft.pdf.

Expanded Vaccine Safety Resources

The Immunization Action Coalition (IAC) has added a variety of vaccine safety journal articles and other resources to its website and organized them to make them more accessible and user-friendly for providers and parents.

Grouped into seven topic areas, IAC's Vaccine Safety resources provide sound, scientific information acquired from well-regarded sources. Six topic areas cover issues about which some parents have been misinformed by inaccurate information found on the Internet and picked up by the mainstream media. They are autism, thimerosal, diabetes, asthma, hepatitis B vaccine, and inflammatory bowel disease. The seventh area covers general information on vaccine safety.

To access all of IAC's Vaccine Safety resources, go to: www.immunize.org/safety.